PTOGRAM (08-03)
Approved for use through 7/31/2008, OLD 6651-6032
U.S. Palant and Trademark Office; U.S. DEPARTMENT OF CORRECACE

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•			for Form PTC	<del>&gt;010</del>	<u>-i</u>			7669 OTHER	THAN
CLAIMS AS FILED - PART I (Column 1) (Column 2)				SMALLE	YIIIN	OR	SWALL		
FOR NUMBER FILED		NUMBER EXTRA		RATE	FEE		RATE	FEE	
BASIC FEE D7 CFR 1.16(s))						٤	QR		:770
TOTAL CLAIMS D7 CFR 1.16(cl)	34 ==	nus 20 e	1	41	x s•	•	OR	x 8•	252
DIDEPENDENT CLAIMS D7 CFR 1,16(b))		nos 3 •		5	xs		QR	X 5	430
MALTIPLE DEPENDENT CLAIM PRESENT (D7 CFR 1.18(4))					+5•		OR	+5•	
"If the difference in column 1 is less then zero, enter 'V' in column 2.					TOTAL		OR	TOTAL	1452
. / CLAU	AS AS AMENI	DED -	PART II				`		
05/30/ Column 1) (Column 2) (Column 3)					SMALL	ENTITY.	<b>Q</b> R	OTHES SMALL	ENTITY
	CLAIMS EMAINING AFTER KENDMENT	,	HIGHEST HUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADOI- TIONAL FEE		RATE	ADOF TIONAL
Total Officerondeni		ileus *	34	. 0	x 5•		OR	×450	9
Z Independent	/	Gerus *	8'	3	x 1 •		OR	x 200	60°E
FIRST PRESENTATION OF MALTIPLE DEPONDENT CLAM (07 CFR 1.1(4))					+50		<b>OR</b>	+•€•	
Expmd+ 8-2106 (Cotumn 2), (Cotumn 3)					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	160
ω 6	CLAIMS ENAMING AFTER KENDMENT	-	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Z Total		thus '	34	• /	× 5=		OR	x 8e	
MA Lotal of Carolinates of Carolinat	7, 1	linus	- 11	-	×8•	·/	OR	X8=	
FIRST PRESENTATION OF MALTIPLE DEPONDENT CLAIM (27 CFR 1.14(4))					+1 •/		OR	•• -	
	•				TOTAL /		ÓR	TOTAL ADD'L FEE	
	Calumn 1)		(Column 2)	(Column 3)					
	CLAIMS REMAINING AFTER MENDMENT		HIGHEST MUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Lotal ,		(Inus	•	•	x 8		OR	×4	<u> </u>
A Loral Local Laboration Laborati	•	Arus '	***	•	×8		OR	x	<u> </u>
FIRST PRESENTATION OF MALTIPLE DEPONDENT CLAIM (37 OFR 4.16(4))					+5		OR.	+	
					TOTAL ADD'L FEE		] or	TOTAL ADD'L FEE	
* If the entry in colur ** If the "Highest Hus	nn 1 is less than t abor Proviously Pr abor Proviously Pr	ed For I	N THIS SPACE	is less than 20,	enter Zu.	n the appropri	_		

holding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the emount of time you requite to complete that form engler suggestions for rectuding this burnten, should be sent to the Chief information Officer, U.S. Petent and Trademark Cifco, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, cell 1-800-PTO-8189 and select option 2.  $\,\cdot\,$